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EDITORIAL

Kerr-Mills or King-Anderson?

ONE OF THE bitterly disputed bills now before the Congress is the King-Anderson bill, a proposal to supply hospital and nursing home services to all beneficiaries of the Social Security System. It would be financed by adding another fractional percentage on the Social Security taxes of both employers and employees.

The medical profession is opposing this proposal, on grounds which seem more than adequate to thinking physicians but which have been brushed aside by the proponents of the Social Security approach to the provision of services for the elderly.

Out of the debate on this measure, several curiously interesting angles have developed, including extreme diversionary tactics by labor's representatives and dogged platform-hugging by the adherents to President Kennedy's legislative program. The members of Congress must, in all clarity and honesty, see the direction in which the King-Anderson bill would lead the country, namely, one step further down the road to a socialistic state. In loyalty to their leader, however, many members of Congress seem willing to follow blindly, in full faith and mindless of the major shift in Social Security philosophy which this measure would represent.

In the last Congress, the Kerr-Mills bill, also designed to provide hospital and nursing home services—plus medical services—to the needy aged was adopted and signed into law.

With such a law already on the books, the public is confused about what the fighting is all about. It would be surprising if such confusion did not exist. What the public has not yet grasped is the diametrical opposition of the two methods designed to accomplish essentially the same end. Where two such approaches are in evidence, the public is likely to follow the proposals made by the incumbent

President. It is he who ran on a platform which promised much. It is he who introduces the legislation to carry out the platform pledges. It is he whose office commands the time and space of news media. Finally, it is he who dictates what information is passed out to all news outlets, whether they be newspapers, magazines, radio or television.

To oversimplify these opposing measures, the King-Anderson bill would add Social Security taxes on both employers and employees and would utilize these funds to provide both hospital and nursing home services for those drawing Social Security benefits. The taxes would be compulsory; the use of the services would be optional for those who chose to provide their own needed services from their own resources.

Again oversimplifying, the Kerr-Mills bill provides federal moneys out of general taxation, these funds to be matched by state and local government and the total to be used, at the discretion of the states, to provide medical, hospital and nursing home services for those who are in need of them and cannot meet the cost with their own sources of funds.

The Kerr-Mills bill, already on federal statute books and, state by state, being implemented at the state and local level, retains home rule, state's rights and the objective evaluation of need before benefits are granted.

King-Anderson, on the other hand, would centralize all authority in the federal government and would disregard the matter of need.

While the president, his administration and his majority in Congress have full access to all news media and hence the opportunity to color their releases in favor of their own legislative proposal, they have omitted the one key fact about the King-Anderson bill which should be of utmost importance to every citizen and every taxpayer.

This fact is: the King-Anderson bill would establish the principle that the Social Security mechanism may provide services rather than cash benefits. With hospital and nursing home services as the entering wedge, what is to prevent this administration from next providing housing, groceries, clothing or any other essential of the elderly? Carried to the extreme, such a program could effectively transfer the entire load of the elderly from communities, counties and states to the federal government.

Some proponents of the King-Anderson program have admitted that "this is just the beginning." They hold that physicians' services are omitted from the initiation of such a program of services and that physicians therefore have no moral right to oppose the bill, as it does not directly concern them. This attitude overlooks the fact that a considerable number of physicians—radiologists, pathologists, and anesthesiologists, as well as all interns and residents—render professional services chiefly in hospitals. These services *are* in the purview of the bill, and hence are matters of direct concern. Moreover, one look at the progression of the whole Social Security program in its quarter-century of existence should convince any fair-minded person that here is a program which consistently expands its authority, its control over the lives and activities of its beneficiaries and its tax bite on employers and employees.

The same fair-minded person, who has the inalienable right to express opposition to any proposal before the Congress, knows that social legislation, once enacted, is just about impossible to reverse. A system of socialized government goes in one direction only, upward and upward.

Today we see a situation in which the medical profession is standing as the only really outspoken group in opposition to the further socialization of our entire system of government. There are allies, to be sure, but the medical profession is the one group which stands up to be counted—and to accept the brickbats thrown by proponents of further socialization.

The most vocal of these proponents is organized labor. To labor, additional socialization is a fringe benefit which is good for the worker. Government control is assumed and labor is willing to make this assumption as a means to gain an end. Of course, when government wants to step in on a problem relating to labor practices, that is another matter.

In the King-Anderson debate, certain elements of labor have not only backed the administration's proposal but have set themselves up as the chief hecklers of the medical profession. Their role to date has been to forget the issue and to concentrate on calumny and discrediting of the medical profession. Public debates and Congressional appearances of some of labor's top brass have consistently shown that they do not wish to discuss the merits or faults of the King-Anderson bill but to use the opportunity to villify the very physicians who have helped create the problems of the elderly by providing health services which keep people alive and add to the inventory of the aged. This seems paradoxical to many but not to those who know that many elements of labor regularly and vigorously push for legislation which favors their own members, regardless of the effects of such legislation on others.

Present indications are that the King-Anderson bill will not pass, may not even come to a vote, in this session of the present Congress. Next year—that's another matter.

Meanwhile, physicians will do well to study the existing struggle, where the opponents line up on one side as those in favor of centralized and socialized governmental activity and on the other in favor of man as an individual, with responsibilities and prerogatives of his own.

If the bars should be dropped and the social planners be given encouragement to regulate our lives, our health services and our taxes, there are no limits in sight short of the ultimate socialistic state, such as our own government now opposes throughout the world. This is no time for equivocation. This is the time to stand on principles and to carry the fight against King-Anderson legislation until this kind of proposal is soundly defeated.

